# TennCare Companion Guide

# 837 Health Care Claim: Institutional V5010X223A2

Version: 1.0 Final

Author: Edifecs, Inc.

Company: Bureau of TennCare

Publication: 11/21/2011 Trading Partner: Cross Over

**Notes:** 

# **Introduction/ Purpose:**

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.

# **Table of Contents**

Health Care Claim : Institutional	
Interchange Control Header	11
Functional Group Header	
Beginning of Hierarchical Transaction	
Submitter Name	14
Receiver Name	
Billing Provider Name	14
Pay-to Address Name	
Subscriber Information	
Subscriber Name	
Claim information	16
Other Subscriber Information	16
Institutional Service Line	17
Line Adjudication Information	
Patient Information	
Patient Name	
Patient Demographic Information	19
Functional Group Trailer	
Interchange Control Trailer	

i

# 837

## **Health Care Claim: Institutional**

## Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

#### **Not Defined:**

Pos	<u>Id</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required
Heading	<b>;:</b>						
<u>Pos</u>	<u>Id</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
0050	ST	Transaction Set Header	M	1			Required
0100	BHT	Beginning of Hierarchical	M	1			Required
		Transaction					
LOOP I	D - 1000	<u>4</u>			<u>1</u>	N1/0200L	
0200	NM1	Submitter Name	O	1		N1/0200	Required
0450	PER	Submitter EDI Contact	O	2			Required
		Information					_
	7 1000		•				
LOOP I	D - 1000	<u> </u>			<u>1</u>	N1/0200L	
0200	NM1	Receiver Name	O	1		N1/0200	Required

#### **Detail:**

<u>Pos</u>	<u>Id</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
LOOP	ID - 2000A	<u>A</u>			<u>&gt;1</u>		
0010	HL	Billing Provider Hierarchical Level	M	1			Required
0030	PRV	Billing Provider Specialty Information	О	1			Situational
0100	CUR	Foreign Currency Information	O	1			Situational
LOOP	ID - 2010	<u>AA</u>			<u>1</u>	N2/0150L	
0150	NM1	Billing Provider Name	O	1		N2/0150	Required
0250	N3	Billing Provider Address	O	1			Required
0300	N4	Billing Provider City, State, ZIP Code	О	1			Required
0350	REF	Billing Provider Tax Identification	О	1			Required
0400	PER	Billing Provider Contact Information	0	2			Situational
LOOP	ID - 2010	AB			1	N2/0150L	
0150	NM1	Pay-to Address Name	O	1	_	N2/0150	Situational

0250	N3	Day To Address ADDDESS	0	1			Daguinad
0300	N3 N4	Pay-To Address - ADDRESS Pay-to Address City, State,	0 0	1 1			Required Required
0300	114	ZIP Code	O	1			Required
LOOP I	ID - 2010A	AC .			1	N2/0150L	
0150	NM1	Pay-To Plan Name	О	1	=	N2/0150	Situational
0250	N3	Pay-To Plan Address	Ō	1			Required
0300	N4	Pay-To Plan City/State/Zip	0	1			Required
		Code					•
0350	REF	Pay-To Plan Secondary	O	1			Situational
		Identification					
0350	REF	Pay-To Tax Identification	O	1			Required
		Number					
LOOP I	D - 2000I	<u>3</u>	·		<u>&gt;1</u>		
0010	HL	Subscriber Hierarchical Level	M	1			Required
0050	SBR	Subscriber Information	O	1			Required
LOOP I	ID - 2010I	<u>BA</u>			<u>1</u>	N2/0150L	
0150	NM1	Subscriber Name	O	1		N2/0150	Required
0250	N3	Subscriber Address	O	1			Situational
0300	N4	Subscriber City, State, ZIP	O	1			Situational
0220	Dire	Code	0	4			G:4 : 1
0320	DMG	Subscriber Demographic Information	О	1			Situational
0350	REF	Subscriber Secondary	O	1			Situational
0330	KLI	Identification	O	1			Situational
0350	REF	Property and Casualty Claim	O	1			Situational
		Number					
LOOP I	D - 2010I	BB	•		1	N2/0150L	
0150	NM1	Payer Name	O	1	_	N2/0150	Required
0250	N3	Payer Address	O	1			Situational
0300	N4	Payer City, State, ZIP Code	O	1			Situational
0350	REF	Payer Secondary Identification	O	3			Situational
0350	REF	Billing Provider Secondary	O	1			Situational
		Identification					
LOOP I	ID - 2300	,	*		100	•	
1300	CLM	Claim information	О	1	<u> </u>		Situational
1350	DTP	Discharge Hour	O	1			Situational
1350	DTP	Statement Dates	O	1			Required
1350	DTP	Admission Date/Hour	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1400	CI 1	Institutional Claim Code	O	1			Required
1400	CL1	montational Claim Code	-	-			
1550	PWK	Claim Supplemental	O	10			Situational
1550	PWK	Claim Supplemental Information	O	10			
1550 1600	PWK CN1	Claim Supplemental Information Contract Information	O O	10 1			Situational
1550 1600 1750	PWK CN1 AMT	Claim Supplemental Information Contract Information Patient Estimated Amount Due	0 0 0	10 1 1			Situational Situational
1550 1600	PWK CN1	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization	O O	10 1			Situational
1550 1600 1750 1800	PWK CN1 AMT REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code	0 0 0 0	10 1 1 1			Situational Situational Situational
1550 1600 1750 1800	PWK CN1 AMT REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number	0 0 0 0	10 1 1 1			Situational Situational Situational
1550 1600 1750 1800 1800	PWK CN1 AMT REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization	0 0 0 0	10 1 1 1 1			Situational Situational Situational Situational
1550 1600 1750 1800 1800 1800 1800	PWK  CN1 AMT REF  REF REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization Payer Claim Control Number	0 0 0 0	10 1 1 1 1 1			Situational Situational Situational Situational Situational
1550 1600 1750 1800 1800 1800 1800 1800	PWK  CN1 AMT REF  REF REF REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization Payer Claim Control Number Repriced Claim Number	0 0 0 0 0	10 1 1 1 1 1 1			Situational Situational Situational Situational Situational Situational Situational
1550 1600 1750 1800 1800 1800 1800	PWK  CN1 AMT REF  REF REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization Payer Claim Control Number	0 0 0 0	10 1 1 1 1 1			Situational Situational Situational Situational Situational
1550 1600 1750 1800 1800 1800 1800 1800	PWK  CN1 AMT REF  REF REF REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization Payer Claim Control Number Repriced Claim Number Adjusted Repriced Claim	0 0 0 0 0	10 1 1 1 1 1 1			Situational Situational Situational Situational Situational Situational Situational

1800	REF	Claim Identifier For Transmission Intermediaries	О	1			Situational
1800	REF	Auto Accident State	0	1			Situational
1800	REF	Medical Record Number	O	1			Situational
1800	REF	Demonstration Project Identifier	O	1			Situational
1800	REF	Peer Review Organization (PRO) Approval Number	О	1			Situational
1850	К3	File Information	O	10			Situational
1900	NTE	Claim Note	O	10			Situational
1900	NTE	Billing Note	0	1			Situational
2200	CRC	EPSDT Referral	O	1			Situational
2310	HI	Principal Diagnosis	O	1			Required
2310	HI	Admitting Diagnosis	O	1			Situational
2310	HI	Patient's Reason For Visit	O	1			Situational
2310	HI	External Cause of Injury	O	1			Situational
2310	НІ	Diagnosis Related Group (DRG) Information	O	1			Situational
2310	HI	Other Diagnosis Information	O	2			Situational
2310	HI	Principal Procedure Information	O	1			Situational
2310	НІ	Other Procedure Information	O	2			Situational
2310	HI	Occurrence Span Information	Ö	2			Situational
2310	HI	Occurrence Information	O	2			Situational
2310	HI	Value Information	O	2			Situational
2310	HI	Condition Information	O	2			Situational
2310	HI	Treatment Code Information	O	2			Situational
2410	HCP	Claim Pricing/Repricing	O	1			Situational
		Information		_			
LOOP	ID - 2310A	1			1	N2/2500L	
2500	NM1	Attending Provider Name	O	1		N2/2500	Situational
2550	PRV	Attending Provider Specialty Information	O	1			Situational
2710	REF	Attending Provider Secondary Identification	О	4			Situational
LOOPI	ID - 2310I	<b>.</b>			1	N2/2500L	
2500	NM1	Operating Physician Name	0	1	<u>T</u>	N2/2500L	Situational
2710	REF	Operating Physician  Operating Physician	0	4		112/2300	Situational
	KLI	Secondary Identification		<b>-</b>			Situational
LOOPI	ID - 23100				1	N2/2500L	·
							Situational
2500	NM1	Other Operating Physician	О	1		N2/2500	Situational
2500	NM1 REF	Name Other Operating Physician	0	1		N2/2500	Situational
2710	REF	Name Other Operating Physician Secondary Identification				N2/2500	
2710 LOOP I	REF  ID - 23101	Name Other Operating Physician Secondary Identification	0	4	<u>1</u>	N2/2500L	Situational
2710 <u>LOOP 1</u> 2500	REF  ID - 23101  NM1	Name Other Operating Physician Secondary Identification  Page 12 Rendering Provider Name	0	1	1		Situational  Situational
2710 LOOP I	REF  ID - 23101	Name Other Operating Physician Secondary Identification	0	4	1	N2/2500L	Situational
2710 LOOP I 2500 2710	REF  ID - 23101  NM1	Name Other Operating Physician Secondary Identification  Pendering Provider Name Rendering Provider Secondary Identification	0	1	1	N2/2500L N2/2500	Situational  Situational
2710 LOOP I 2500 2710	REF  ID - 23101  NM1  REF	Name Other Operating Physician Secondary Identification  Pendering Provider Name Rendering Provider Secondary Identification	0	1	_	N2/2500L	Situational  Situational
2710  LOOP 1 2500 2710  LOOP 1	REF  ID - 23101  NM1  REF  ID - 23101	Name Other Operating Physician Secondary Identification  Pendering Provider Name Rendering Provider Secondary Identification  Service Facility Location	0 0 0	1 4	_	N2/2500L N2/2500 N2/2500L	Situational Situational Situational

2710	REF	City/State/ZIP Service Facility Secondary Identification	O	3			Situational
LOOP I	D - 2310I	7	÷		1	N2/2500L	
2500	NM1	Referring Provider Name	0	1	_	N2/2500	Situational
2710	REF	Referring Provider Secondary	O	3		1,2,2000	Situational
2710	KLI	Identification	O	3			Situational
÷			·				
LOOP I	D - 2320				<u>10</u>	N2/2900L	
2900	SBR	Other Subscriber Information	O	1		N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits	O	1			Situational
		(COB) Payer Paid Amount					
3000	AMT	Remaining Patient Liability	O	1			Situational
3000	<b>AMT</b>	Coordination of Benefits	O	1			Situational
		(COB) Total Non-covered Amount					
3100	OI	Other Insurance Coverage	O	1			Required
		Information					
3150	MIA	Inpatient Adjudication	O	1			Situational
		Information					
3200	MOA	Outpatient Adjudication	O	1			Situational
•		Information				<del>.</del>	
	D - 2330A				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Subscriber Name	O	1		N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber	O	1			Situational
3550	REF	City/State/ZIP Code Other Subscriber Secondary	O	2			Situational
3330	KEF	Information	O	2			Situational
LOODE	D 4330I		•			NO/22501	
	D - 2330E		0	1	<u>1</u>	N2/3250L	D ' 1
3250	NM1	Other Payer Name	0	1		N2/3250	Required
3320	N3	Other Payer Address	O	1			Situational
3400	N4		_				
	111	Other Payer City/State/ZIP	O	1			Situational
2500		Code		1			Situational
3500	DTP	Code Claim Check Or Remittance	O O				
	DTP	Code Claim Check Or Remittance Date	0	1			Situational Situational
3500 3550		Code Claim Check Or Remittance Date Other Payer Secondary		1			Situational
3550	DTP REF	Code Claim Check Or Remittance Date Other Payer Secondary Identifier	0	1 1 2			Situational Situational
	DTP	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior	0	1			Situational Situational
3550 3550	DTP REF REF	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number	0 0	1 1 2			Situational Situational Situational
3550 3550 3550	DTP REF REF	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number	0 0 0	1 1 2 1			Situational Situational Situational Situational
3550 3550	DTP REF REF	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number Other Payer Claim Adjustment	0 0	1 1 2			Situational Situational Situational
3550 3550 3550 3550	DTP REF REF REF	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number Other Payer Claim Adjustment Indicator	0 0 0 0 0	1 1 2 1 1			Situational Situational Situational Situational Situational
3550 3550 3550	DTP REF REF	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number Other Payer Claim Adjustment	0 0 0	1 1 2 1			Situational Situational Situational Situational
3550 3550 3550 3550 3550	DTP REF REF REF REF	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number Other Payer Claim Adjustment Indicator Other Payer Claim Control Number	0 0 0 0 0	1 1 2 1 1		NA/22501	Situational Situational Situational Situational Situational
3550 3550 3550 3550 3550	DTP REF REF REF REF D - 23300	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number Other Payer Claim Adjustment Indicator Other Payer Claim Control Number	0 0 0 0 0 0	1 1 2 1 1 1	1	N2/3250L	Situational Situational Situational Situational Situational Situational
3550 3550 3550 3550 3550	DTP REF REF REF REF	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number Other Payer Claim Adjustment Indicator Other Payer Claim Control Number	0 0 0 0 0	1 1 2 1 1	<u>1</u>	<u>N2/3250L</u> N2/3250	Situational Situational Situational Situational Situational
3550 3550 3550 3550 3550 <b>LOOP I</b> 3250	DTP REF REF REF REF NM1	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number Other Payer Claim Adjustment Indicator Other Payer Claim Control Number  Other Payer Attending Provider	0 0 0 0 0	1 1 2 1 1 1	1		Situational Situational Situational Situational Situational Situational Situational
3550 3550 3550 3550 3550	DTP REF REF REF REF D - 23300	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number Other Payer Claim Adjustment Indicator Other Payer Claim Control Number  Other Payer Attending Provider Other Payer Attending	0 0 0 0 0 0	1 1 2 1 1 1	1		Situational Situational Situational Situational Situational Situational
3550 3550 3550 3550 3550 <b>LOOP I</b> 3250	DTP REF REF REF REF NM1	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number Other Payer Claim Adjustment Indicator Other Payer Claim Control Number  Other Payer Attending Provider Other Payer Attending Provider Secondary	0 0 0 0 0	1 1 2 1 1 1	1		Situational Situational Situational Situational Situational Situational Situational
3550 3550 3550 3550 3550 <b>LOOP I</b> 3250 3550	DTP REF REF REF REF NM1 REF	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number Other Payer Claim Adjustment Indicator Other Payer Claim Control Number  Other Payer Attending Provider Other Payer Attending Provider Secondary Identification	0 0 0 0 0	1 1 2 1 1 1	. <u>1</u>	N2/3250	Situational Situational Situational Situational Situational Situational Situational
3550 3550 3550 3550 3550 <b>LOOP I</b> 3250 3550	DTP REF REF REF REF NM1 REF	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number Other Payer Claim Adjustment Indicator Other Payer Claim Control Number  Other Payer Attending Provider Other Payer Attending Provider Secondary Identification	0 0 0 0 0	1 1 2 1 1 1	1	N2/3250 N2/3250L	Situational Situational Situational Situational Situational Situational Situational Required
3550 3550 3550 3550 3550 <b>LOOP I</b> 3250 3550	DTP REF REF REF REF NM1 REF	Code Claim Check Or Remittance Date Other Payer Secondary Identifier Other Payer Prior Authorization Number Other Payer Referral Number Other Payer Claim Adjustment Indicator Other Payer Claim Control Number  Other Payer Attending Provider Other Payer Attending Provider Secondary Identification	0 0 0 0 0	1 1 2 1 1 1		N2/3250	Situational Situational Situational Situational Situational Situational Situational

3550	REF	Other Payer Operating Physician Secondary Identification	О	4			Required
LOOP I	D - 2330I				<u>1</u>	N2/3250L	
3250	NM1	Other Payer Other Operating Physician	О	1	_	N2/3250	Situational
3550	REF	Other Payer Other Operating Physician Secondary Identification	0	4			Required
LOOP I	D - 2330I	7	·		1	N2/3250L	
3250	NM1	Other Payer Service Facility Location	О	1	_	N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	0	3			Required
LOOPI	D - 23300	<del>.</del>			<u>1</u>	N2/3250L	
3250	NM1	Other Payer Rendering Provider Name	О	1	±	N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identifier	0	4			Required
LOOP I	D - 2330I				1	N2/3250L	
3250	NM1	Other Payer Referring Provider	О	1	<b>±</b>	N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3			Required
LOOPI	D - 2330I				<u>1</u>	N2/3250L	
	D 25501					112/32301	
3250	NM1	Other Payer Billing Provider	O	1		N2/3250	Situational
3250 3550	NM1 REF	Other Payer Billing Provider Other Payer Billing Provider Secondary Identifier	0	1 2		N2/3250	Situational Required
3550	REF	Other Payer Billing Provider			999	,	
3550	REF (D - 2400)	Other Payer Billing Provider			999	N2/3250 N2/3650L N2/3650	Required
3550 LOOP I	REF	Other Payer Billing Provider Secondary Identifier	0	2	999	N2/3650L	
3550 LOOP I 3650	REF  (D - 2400)  LX	Other Payer Billing Provider Secondary Identifier  Service Line Number	0	1	999	N2/3650L	Required  Required
3550 <b>LOOP I</b> 3650 3750	REF (D - 2400) LX SV2	Other Payer Billing Provider Secondary Identifier  Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date	O O O	1 1	999	N2/3650L	Required Required Required
3550 LOOP I 3650 3750 4200 4550 4700	REF LX SV2 PWK DTP REF	Other Payer Billing Provider Secondary Identifier  Service Line Number Institutional Service Line Line Supplemental Information	0 0 0 0	1 1 10	999	N2/3650L	Required Required Required Situational
3550 LOOP I 3650 3750 4200 4550 4700 4700	REF  LX SV2 PWK  DTP REF REF	Other Payer Billing Provider Secondary Identifier  Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number	0 0 0 0 0	1 1 10 1 1 1	999	N2/3650L	Required Required Required Situational Situational Situational
3550 LOOP I 3650 3750 4200 4550 4700 4700 4700	REF  ID - 2400  LX  SV2  PWK  DTP  REF  REF	Other Payer Billing Provider Secondary Identifier  Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number	0 0 0 0 0 0	1 1 10 1 1 1	999	N2/3650L	Required Required Situational Situational Situational Situational
3550 LOOP I 3650 3750 4200 4550 4700 4700 4700 4750	REF LX SV2 PWK DTP REF REF REF AMT	Other Payer Billing Provider Secondary Identifier  Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount	0 0 0 0 0 0	1 1 10 1 1 1 1	999	N2/3650L	Required Required Required Situational Situational Situational Situational Situational
3550 LOOP I 3650 3750 4200 4550 4700 4700 4700 4750 4750	REF LX SV2 PWK DTP REF REF REF AMT AMT	Other Payer Billing Provider Secondary Identifier  Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount	0 0 0 0 0 0 0	1 1 10 1 1 1 1	999	N2/3650L	Required Required Required Situational Situational Situational Situational Situational
3550 LOOP I 3650 3750 4200 4550 4700 4700 4700 4750 4850	REF LX SV2 PWK DTP REF REF REF AMT AMT NTE	Other Payer Billing Provider Secondary Identifier  Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes	0 0 0 0 0 0 0	1 1 10 1 1 1 1 1	999	N2/3650L	Required Required Required Situational Situational Situational Situational Situational Situational Situational Situational
3550 LOOP I 3650 3750 4200 4550 4700 4700 4700 4750 4750	REF LX SV2 PWK DTP REF REF REF AMT AMT	Other Payer Billing Provider Secondary Identifier  Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization	0 0 0 0 0 0 0	1 1 10 1 1 1 1	999	N2/3650L	Required Required Required Situational Situational Situational Situational Situational
3550  LOOP I 3650 3750 4200 4550 4700 4700 4750 4750 4850 4920  LOOP I	REF  LX SV2 PWK  DTP REF REF  REF  AMT AMT NTE  HCP	Other Payer Billing Provider Secondary Identifier  Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes Line Pricing/Repricing Information	0 0 0 0 0 0 0	1 1 10 1 1 1 1 1 1	<u>999</u>	N2/3650L N2/3650	Required Required Required Situational
3550  LOOP I 3650 3750 4200 4550 4700 4700 4750 4750 4850 4920  LOOP I 4930	REF LX SV2 PWK DTP REF REF AMT AMT NTE HCP LIN	Other Payer Billing Provider Secondary Identifier  Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes Line Pricing/Repricing Information  Drug Identification	0 0 0 0 0 0 0 0	1 1 10 1 1 1 1 1 1		N2/3650L N2/3650	Required Required Required Situational
3550  LOOP I 3650 3750 4200  4550 4700 4700  4750 4750 4850 4920  LOOP I 4930 4940	REF  LX SV2 PWK  DTP REF REF  AMT AMT NTE  HCP  LIN CTP	Other Payer Billing Provider Secondary Identifier  Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes Line Pricing/Repricing Information  Drug Identification Drug Quantity	0 0 0 0 0 0 0 0	1 1 10 1 1 1 1 1 1		N2/3650L N2/3650	Required Required Required Situational
3550  LOOP I 3650 3750 4200 4550 4700 4700 4750 4750 4850 4920  LOOP I 4930	REF LX SV2 PWK DTP REF REF AMT AMT NTE HCP LIN	Other Payer Billing Provider Secondary Identifier  Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes Line Pricing/Repricing Information  Drug Identification	0 0 0 0 0 0 0 0	1 1 10 1 1 1 1 1 1		N2/3650L N2/3650	Required Required Required Situational

5000	NM1	Operating Physician Name	O	1		N2/5000	Situational
5250	REF	Operating Physician	O	20			Situational
		Secondary Identification					
LOOP I	D - 24201	3			1	N2/5000L	
5000	NM1	Other Operating Physician Name	О	1	_	N2/5000	Situational
5250	REF	Other Operating Physician Secondary Identification	O	20			Situational
		Secondary Identification	<del></del>		•		
	ID - 24200				<u>1</u>	N2/5000L	
5000	NM1	Rendering Provider Name	O	1		N2/5000	Situational
5250	REF	Rendering Provider Secondary Identification	О	20			Situational
LOOPI	ID - 24201	)			1	N2/5000L	
5000	NM1	Referring Provider Name	O	1		N2/5000	Situational
5250	REF	Referring Provider Secondary Identification	0	20		112/3 000	Situational
LOODI	ID 2420				15	NO /5 40 0 T	
	ID - 2430	Time Addings of the of	0	1	<u>15</u>	N2/5400L	Situational
5400	SVD	Line Adjudication Information	0	1		N2/5400	
5450	CAS	Line Adjustment	0	5			Situational
5500	DTP	Line Check or Remittance Date	0	1			Required
5505	AMT	Remaining Patient Liability	О	1			Situational
LOOP I	D - 2000	C			>1		
0010	HL	Patient Hierarchical Level	О	1	_		Situational
0070	PAT	Patient Information	O	1			Required
LOOP I	D - 2010	CA	·		1	N2/0150L	
0150	NM1	Patient Name	О	1	_	N2/0150	Required
0250	N3	Patient Address	O	1			Required
0300	N4	Patient City/State/ZIP Code	O	1			Required
0320	DMG	Patient Demographic Information	O	1			Required
0350	REF	Property and Casualty Claim Number	O	1			Situational
0350	REF	Property and Casualty Patient Identifier	O	1			Situational
LOODI	TD 2200						
LOOP I	w - 2300						
1300		Claim info	0	1	<u>100</u>		D. ' '
1250	CLM	Claim information	0	1	<u>100</u>		Required
1350	CLM DTP	Discharge Hour	O	1	<u>100</u>		Situational
1350	CLM DTP DTP	Discharge Hour Statement Dates	0 0	1 1	<u>100</u>		Situational Required
1350 1350	CLM DTP DTP DTP	Discharge Hour Statement Dates Admission Date/Hour	0 0 0	1 1 1	<u>100</u>		Situational Required Situational
1350 1350 1350	CLM DTP DTP DTP DTP	Discharge Hour Statement Dates Admission Date/Hour Date - Repricer Received Date	0 0 0 0	1 1 1 1	<u>100</u>		Situational Required Situational Situational
1350 1350 1350 1400	CLM DTP DTP DTP DTP CL1	Discharge Hour Statement Dates Admission Date/Hour Date - Repricer Received Date Institutional Claim Code	0 0 0 0	1 1 1 1	<u>100</u>		Situational Required Situational Situational Required
1350 1350 1350 1400 1550	CLM DTP DTP DTP DTP CL1 PWK	Discharge Hour Statement Dates Admission Date/Hour Date - Repricer Received Date Institutional Claim Code Claim Supplemental Information	0 0 0 0 0	1 1 1 1 1 10	<u>100</u>		Situational Required Situational Situational Required Situational
1350 1350 1350 1400 1550	CLM DTP DTP DTP DTP CL1 PWK CN1	Discharge Hour Statement Dates Admission Date/Hour Date - Repricer Received Date Institutional Claim Code Claim Supplemental Information Contract Information	0 0 0 0 0 0	1 1 1 1 1 10	<u>100</u>		Situational Required Situational Situational Required Situational
1350 1350 1350 1400 1550 1600 1750	CLM DTP DTP DTP DTP CL1 PWK CN1 AMT	Discharge Hour Statement Dates Admission Date/Hour Date - Repricer Received Date Institutional Claim Code Claim Supplemental Information Contract Information Patient Estimated Amount Due	0 0 0 0 0 0	1 1 1 1 1 10	<u>100</u>		Situational Required Situational Situational Required Situational Situational
1350 1350 1350 1400 1550	CLM DTP DTP DTP DTP CL1 PWK CN1	Discharge Hour Statement Dates Admission Date/Hour Date - Repricer Received Date Institutional Claim Code Claim Supplemental Information Contract Information	0 0 0 0 0 0	1 1 1 1 1 10	<u>100</u>		Situational Required Situational Situational Required Situational
1350 1350 1350 1400 1550 1600 1750	CLM DTP DTP DTP DTP CL1 PWK CN1 AMT	Discharge Hour Statement Dates Admission Date/Hour Date - Repricer Received Date Institutional Claim Code Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization	0 0 0 0 0 0	1 1 1 1 1 10	<u>100</u>		Situational Required Situational Situational Required Situational Situational
1350 1350 1350 1400 1550 1600 1750 1800	CLM DTP DTP DTP CL1 PWK CN1 AMT REF	Discharge Hour Statement Dates Admission Date/Hour Date - Repricer Received Date Institutional Claim Code Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code	0 0 0 0 0 0 0	1 1 1 1 1 10 1	<u>100</u>		Situational Required Situational Situational Required Situational Situational Situational Situational
1350 1350 1350 1400 1550 1600 1750 1800	CLM DTP DTP DTP CL1 PWK CN1 AMT REF	Discharge Hour Statement Dates Admission Date/Hour Date - Repricer Received Date Institutional Claim Code Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number	0 0 0 0 0 0 0	1 1 1 1 1 10 1 1 1	<u>100</u>		Situational Required Situational Situational Required Situational Situational Situational Situational

1800	REF	Adjusted Repriced Claim Number	O	1			Situational
1800	REF	Investigational Device Exemption Number	O	5			Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1			Situational
1800	REF	Auto Accident State	O	1			Situational
1800	REF	Medical Record Number	O	1			Situational
1800	REF	Demonstration Project Identifier	O	1			Situational
1800	REF	Peer Review Organization (PRO) Approval Number	O	1			Situational
1850	<b>K</b> 3	File Information	O	10			Situational
1900	NTE	Claim Note	O	10			Situational
1900	NTE	Billing Note	O	1			Situational
2200	CRC	EPSDT Referral	O	1			Situational
2310	HI	Principal Diagnosis	O	1			Required
2310	HI	Admitting Diagnosis	O	1			Situational
2310	HI	Patient's Reason For Visit	O	1			Situational
2310	HI	External Cause of Injury	O	1			Situational
2310	HI	Diagnosis Related Group (DRG) Information	O	1			Situational
2310	HI	Other Diagnosis Information	O	2			Situational
2310	HI	Principal Procedure Information	O	1			Situational
2310	HI	Other Procedure Information	O	2			Situational
2310	HI	Occurrence Span Information	Ö	2			Situational
2310	HI	Occurrence Information	O	2			Situational
2310	HI	Value Information	O	2			Situational
2310	HI	Condition Information	0	2			Situational
2310	HI	Treatment Code Information	0	2			Situational
2410	НСР	Claim Pricing/Repricing Information	0	1			Situational
I OOD I	D - 2310A	•			1	N2/2500L	
2500	NM1	Attending Provider Name	O	1	1	N2/2500L N2/2500	Situational
2550	PRV	Attending Provider Specialty	0	1		11/2/2300	Situational
		Information					
2710	REF	Attending Provider Secondary Identification	0	4			Situational
LOOP I	D - 2310E	3	·		1	N2/2500L	
2500	NM1	Operating Physician Name	O	1		N2/2500	Situational
2710	REF	Operating Physician Secondary Identification	O	4			Situational
LOOD	D 22104	7	<del>_</del> _		1	N2/2500T	
	D - 23100		0	1	<u>1</u>	N2/2500L	G': .: 1
2500	NM1	Other Operating Physician Name	0	1		N2/2500	Situational
2710	REF	Other Operating Physician Secondary Identification	0	4			Situational
LOOP I	D - 2310I	)			1	N2/2500L	
2500	NM1	Rendering Provider Name	O	1		N2/2500	Situational
2710	REF	Rendering Provider Secondary	Ö	4		- :=: == == = = = = = = = = = = = = = =	Situational
		Identification	-	•			
T 000	D 4010-					310/05007	
	D - 2310E		0		<u>1</u>	N2/2500L	G:
2500	NM1	Service Facility Location	O	1		N2/2500	Situational

		Name					ĺ
2650	N3	Service Facility Location	O	1			Required
2030	113	Address	Ü	1			rtoquirou
2700	N4	Service Facility Location City/State/ZIP	O	1			Required
2710	REF	Service Facility Secondary Identification	O	3			Situational
1.00D.1	D 2210E				4	N/A /A FOOT	
2500	<b>D - 2310F</b> NM1	Referring Provider Name	O	1	<u>1</u>	N2/2500L N2/2500	Situational
2710	REF	Referring Provider Secondary	0	3		11/2/2300	Situational
2710	KLI	Identification					Situational
LOOP I	D - 2320		•		<u>10</u>	N2/2900L	
2900	SBR	Other Subscriber Information	O	1	_	N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3000	AMT	Coordination of Benefits	O	1			Situational
		(COB) Total Non-covered Amount					
3100	OI	Other Insurance Coverage Information	О	1			Required
3150	MIA	Inpatient Adjudication Information	O	1			Situational
3200	MOA	Outpatient Adjudication Information	O	1			Situational
LOOP I	ID - 2330A				1	N2/3250L	
3250	NM1	Other Subscriber Name	О	1	_	N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City/State/ZIP Code	O	1			Situational
3550	REF	Other Subscriber Secondary Information	О	2			Situational
LOOPI	D - 2330B				1	N2/3250L	
3250	NM1	Other Payer Name	0	1	<u> </u>	N2/3250L	Required
3320	N3	Other Payer Address	0	1		112/3230	Situational
3400	N4	Other Payer City/State/ZIP	0	1			Situational
5100	111	Code	O	1			Situational
3500	DTP	Claim Check Or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	2			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment	0	1			Situational
		Indicator					
3550	REF	Other Payer Claim Control Number	0	1			Situational
LOOP	D - 2330C	· · · · · · · · · · · · · · · · · · ·			1	N2/3250L	
3250	NM1	Other Payer Attending	0	1	<u> </u>	N2/3250	Situational
		Provider	-	=		J <b>-</b> 0	
3550	REF	Other Payer Attending Provider Secondary Identification	O	4			Required
							J

LOOPI	D - 2330I				1	N2/3250L	
3250	<u>NM</u> 1	Other Payer Operating	O	1	1	N2/3250L N2/3250	Situational
3230		Physician				112/3230	
3550	REF	Other Payer Operating Physician Secondary Identification	О	4			Required
LOOPI	D - 23301	· · · · · · · · · · · · · · · · · · ·			<u> </u>	N2/3250L	
3250	NM1	Other Payer Other Operating	O	1	±	N2/3250	Situational
		Physician				112/3230	
3550	REF	Other Payer Other Operating Physician Secondary Identification	О	4			Required
LOOP I	D - 23301	 ਹ			1	N2/3250L	
3250	NM1	Other Payer Service Facility	О	1		N2/3250	Situational
2550	DEE	Location	0	2			D 1 1
3550	REF	Other Payer Service Facility Location Secondary Identification	О	3			Required
LOOP	D 22204	7			1	N2/22501	
3250	D - 23300 NM1	Other Payer Rendering	O	1	1	N2/3250L N2/3250	Situational
		Provider Name				112/3230	
3550	REF	Other Payer Rendering Provider Secondary Identifier	О	4			Required
LOOP I	D - 23301	H			1	N2/3250L	
3250	NM1	Other Payer Referring Provider	О	1	_	N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3			Required
LOOPI	D - 23301				1	N2/3250L	
3250	NM1	Other Payer Billing Provider	O	1		N2/3250L	Situational
3550	REF	Other Payer Billing Provider Secondary Identifier	O	2		112/3230	Required
		Secondary Identifier					
LOOP I			_		<u>999</u>	N2/3650L	
3650	LX	Service Line Number	0	1		N2/3650	Required
3750	SV2	Institutional Service Line	0	1			Required
4200	PWK	Line Supplemental Information	О	10			Situational
4550	DTP	Date - Service Date	O	1			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Repriced Line Item Reference Number	O	1			Situational
4700	REF	Adjusted Repriced Line Item Reference Number	0	1			Situational
4750	AMT	Service Tax Amount	O	1			Situational
4750	AMT	Facility Tax Amount	O	1			Situational
4850	NTE	Third Party Organization Notes	O	1			Situational
4920	HCP	Line Pricing/Repricing	O	1			Situational
LOOP I	D 2410	Information			1	N2/40201	
4930	<u>D - 2410</u> LIN	Drug Identification	O	1	Ţ	N2/4930L N2/4930	Situational
/10/3/1	LIIN	Ding Inchilication	U	1		コリム/サランリ	JUHAHOHAI

4950	REF	Prescription or Compound Drug Association Number	О	1			Situational
LOOP	D - 2420A	1		•	1	N2/5000L	
5000	NM1	Operating Physician Name	О	1	_	N2/5000	Situational
5250	REF	Operating Physician Secondary Identification	О	20			Situational
LOOP	D - 2420I	3			1	N2/5000L	
5000	NM1	Other Operating Physician Name	О	1	_	N2/5000	Situational
5250	REF	Other Operating Physician Secondary Identification	О	20			Situational
LOOP	D - 24200	· · · · · · · · · · · · · · · · · · ·			1	N2/5000L	
5000	NM1	Rendering Provider Name	O	1	-	N2/5000 <u>L</u>	Situational
5250	REF	Rendering Provider Secondary Identification	O	20			Situational
LOOP	D - 2420I	)			1	N2/5000L	
<b>LOOP 1</b> 5000	ID - 2420I NM1		0	1	<u>1</u>	N2/5000L N2/5000	Situational
		Referring Provider Name Referring Provider Secondary Identification	0 0	1 20	1		Situational Situational
5000 5250	NM1 REF	Referring Provider Name Referring Provider Secondary	-	_		N2/5000	
5000 5250	NM1	Referring Provider Name Referring Provider Secondary Identification	-	_	<u>1</u>		
5000 5250 <b>LOOP I</b>	NM1 REF TD - 2430	Referring Provider Name Referring Provider Secondary	0	20		N2/5000 N2/5400L	Situational
5000 5250 LOOP I 5400	NM1 REF (D - 2430 SVD	Referring Provider Name Referring Provider Secondary Identification  Line Adjudication Information	0	20		N2/5000 N2/5400L	Situational Situational
5000 5250 LOOP I 5400 5450	NM1 REF ID - 2430 SVD CAS	Referring Provider Name Referring Provider Secondary Identification  Line Adjudication Information Line Adjustment Line Check or Remittance	0 0 0	20 1 5		N2/5000 N2/5400L	Situational Situational Situational
5000 5250 LOOP 1 5400 5450 5500	NM1 REF D - 2430 SVD CAS DTP	Referring Provider Name Referring Provider Secondary Identification  Line Adjudication Information Line Adjustment Line Check or Remittance Date	0 0 0 0	20 1 5 1		N2/5000 N2/5400L	Situational Situational Situational Required
5000 5250 <b>LOOP I</b> 5400 5450 5500	NM1 REF D - 2430 SVD CAS DTP AMT SE	Referring Provider Name Referring Provider Secondary Identification  Line Adjudication Information Line Adjustment Line Check or Remittance Date Remaining Patient Liability	0 0 0 0	20 1 5 1		N2/5000 N2/5400L	Situational Situational Situational Required Situational
5000 5250 LOOP I 5400 5450 5500 5505 5550	NM1 REF D - 2430 SVD CAS DTP AMT SE	Referring Provider Name Referring Provider Secondary Identification  Line Adjudication Information Line Adjustment Line Check or Remittance Date Remaining Patient Liability	0 0 0 0	20 1 5 1 1		N2/5000 N2/5400L	Situational Situational Situational Required Situational
5000 5250 LOOP I 5400 5450 5500 5505 5550 Not Defi	NM1 REF D - 2430 SVD CAS DTP AMT SE	Referring Provider Name Referring Provider Secondary Identification  Line Adjudication Information Line Adjustment Line Check or Remittance Date Remaining Patient Liability  Transaction Set Trailer	O O O O M	20 1 5 1	<u>15</u>	N2/5000 N2/5400L N2/5400	Situational Situational Situational Required Situational Required

# **ISA** Interchange Control Header

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 16

User Option (Usage): Required

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

### **Element Summary:**

Ref ISA01	<u>Id</u> I01	Element Name Authorization Information Qualifier	<u>Req</u> M	<u>Type</u> ID	Min/Max 2/2	<u>Usage</u> Required
		<b>Description:</b> Code identifying the type of information in the Authorization Information <b>TennCare Notes:</b> <i>Preferred value is '00'</i>	1			
		CodeName00No Authorization Information03Additional Data Identification		o Meaning	gful Information	in I02)
ISA03	I03	Security Information Qualifier	M	ID	2/2	Required
		<b>Description:</b> Code identifying the type of information in the Security Information <b>TennCare Notes:</b> <i>Preferred value is '00'</i>				
ISA05	I05	Interchange ID Qualifier	M	ID	2/2	Required
		<b>Description:</b> Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified <b>TennCare Notes:</b> <i>Preferred value is 'ZZ'</i>				
		CodeName01Duns (Dun & Bradstreet)14Duns Plus Suffix20Health Industry Number (HIN27Carrier Identification Number (HCFA)28Fiscal Intermediary Identification (HCFA)29Medicare Provider and Supple Financing Administration (HCFA)30U.S. Federal Tax Identification33National Association of InsuranceZZMutually Defined	r as assigned ation Numbe ier Identifica CFA) on Number	r as assigr	ned by Health Ca	nre Financing
ISA06	I06	Interchange Sender ID	M	AN	15/15	Required
		<b>Description:</b> Identification code published be the sender for other parties to use as the rece ID to route data to them; the sender always codes this value in the sender ID element <b>TennCare Notes:</b> This value will be the Sentrading Partner ID for Inbound Transaction It will be TennCare's ID '626001445TC' for Outbound Transactions.	iver der			
ISA07	I05	Interchange ID Qualifier	M	ID	2/2	Required
		<b>Description:</b> Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified <b>TennCare Notes:</b> <i>Preferred value is 'ZZ'</i>				

11/21/2011 Health Care Claim : Institutional - 837

		<b>Code</b>	<u>Name</u>				
		01	Duns (Dun & Bradstreet)				
		14	Duns Plus Suffix				
		20	Health Industry Number (HIN)				
		27	Carrier Identification Number as (HCFA)	assigned	by Health	Care Financin	g Administration
		28	Fiscal Intermediary Identification Administration (HCFA)	Number	as assign	ed by Health C	Care Financing
		29	Medicare Provider and Supplier I Financing Administration (HCFA		tion Numl	oer as assigned	by Health Care
		30	U.S. Federal Tax Identification N	umber			
		33	National Association of Insurance	e Commi	ssioners C	Company Code	(NAIC)
		ZZ	Mutually Defined				
ISA08	I07	Interchange	Receiver ID	M	AN	15/15	Required
		the receiver of used by the so other parties receiving ID <b>TennCare N</b> '626001445T	Identification code published by of the data; When sending, it is ender as their sending ID, thus sending to them will use this as a to route data to them fotes: It will be TennCare's ID 'C' for Inbound Transactions. This the Sender Trading Partner ID for ansactions.				
ISA13	I12	Interchange	Control Number	M	N0	9/9	Required
		interchange s	A control number assigned by the sender (otes: System generated.				
ISA15	I14	Interchange	Usage Indicator	M	ID	1/1	Required
		enclosed by t production of <b>TennCare N</b>	Code indicating whether data his interchange envelope is test, r information (otes: <i>Use 'T' for Test Transactions roduction Transactions</i> .				
		<u>Code</u> P T	<u>Name</u> Production Data Test Data				

## **GS** Functional Group Header

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 8

User Option (Usage): Required

Purpose: To indicate the beginning of a functional group and to provide control information

### **Element Summary:**

<u>Ref</u>	<u>Id</u>	Element Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
GS02	142	Application Sender's Code	M	AN	2/15	Required
		<b>Description:</b> Code identifying party sending transmission; codes agreed to by trading partners <b>TennCare Notes:</b> Same as ISA06.				
GS03	124	<b>Application Receiver's Code</b>	M	AN	2/15	Required
		<b>Description:</b> Code identifying party receiving transmission; codes agreed to by trading partners <b>TennCare Notes:</b> Same as ISAO8.				
		Tennicare Notes: Same as ISAO8.				

# **BHT** Beginning of Hierarchical Transaction

Pos: 0100 Max: 1 Heading - Mandatory Loop: N/A Elements: 6

User Option (Usage): Required

**Purpose:** To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

### **Element Summary:**

<u>Ref</u>	<u>Id</u>	Element Nan	<u>ne</u>	Req	<b>Type</b>	Min/Max	<u>Usage</u>
BHT03	127	Reference Id	entification	O	AN	1/50	Required
		for a particular by the Referen	Reference information as defined at Transaction Set or as specified nee Identification Qualifier  otes: Batch Control #				
BHT06	640	<b>Transaction</b>	Type Code	О	ID	2/2	Required
		transaction Cross Over N Error Messag Transaction T	re: BHT06 code Invalid. Valid Type Code for Tenncare is 'CH'. Transaction Type Code for				
		<b>Code</b>	<u>Name</u>				
		31	Subrogation Demand				
		CH	Chargeable				
		RP	Reporting				

## NM1 Submitter Name

Pos: 0200 Max: 1 Heading - Optional Loop: 1000A Elements: 7

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

**Element Summary:** 

Ref	<u>Id</u>	Element Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
NM109	67	<b>Identification Code</b>	X	AN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				
		TennCare Notes: This value will be the				
		Trading Partner ID/Submitter ID. Same as				

Receiver Name

Pos: 0200 Max: 1
Heading - Optional
Loop: 1000B Elements: 5

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

**Element Summary:** 

<u>Ref</u> NM103	<u>Id</u> 1035	Element Name Name Last or Organization Name	Req X	<u>Type</u> AN	Min/Max 1/60	<u>Usage</u> Required
		<b>Description:</b> Individual last name or organizational name <b>Cross Over Notes:</b> TENNCARE				
NM109	67	Identification Code	X	AN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				
		<b>TennCare Notes:</b> Receiver Code. Same as ISA08				

## NM1 Billing Provider Name

Pos: 0150 Max: 1
Detail - Optional
Loop: Elements: 5

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

**Element Summary:** 

RefIdElement NameReqTypeMin/MaxUsageNM10967Identification CodeXAN2/80Situational

**Description:** Code identifying a party or other

code

**Cross Over Notes:** 

Error Message: Tenncare requires Billing Provider NPI to be present on all transactions. Detail: Billing provider NPI (Where 2010AA NM108 = 'XX') is required on all transactions.

#### Pay-to Address Name NM1

Pos: 0150 Max: 1 **Detail - Optional** Loop: Elements: 2 2010AB

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

**Element Summary:** 

Id **Element Name** Req Type Usage NM101 98 **Entity Identifier Code** ID 2/3 Required

> **Description:** Code identifying an organizational entity, a physical location,

property or an individual

TennCare Notes: Pay-to provider can be sent

sometimes on TennCare.

Code Name 87 Pay-to Provider

#### **Subscriber Information** SBR

Pos: 0050 Max: 1 **Detail - Optional** oop: 2000B Elements: 5

User Option (Usage): Required

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

**Element Summary:** 

Ref **Element Name** Min/Max Id Req **Type Usage** SBR02 1069 **Individual Relationship Code** ID 2/2Situational

> **Description:** Code indicating the relationship between two individuals or entities

> **TennCare Notes:** 18 = Self. Specifies that the subscriber is the patient. The value shall be

blank for the patient information to come in the dependent loop.

**Code Name** 18 Self

## **Subscriber Name**

Pos: 0150 Max: 1 **Detail - Optional** Loop: **Elements: 8** 

2010BA

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

**Element Summary:** 

<u>Ref</u> **Element Name** Min/Max **Usage** <u>Id</u> Req **Type** NM109 X 67 **Identification Code** AN 2/80 Situational

Description: Code identifying a party or other

**Cross Over Notes:** 

Error Message: TennCare requires the Member Identification Number to be a numeric value either 9 or 11 bytes in length with no separators.

Detail: 2010BA NM109 where NM108='MI'

(NM109 67 Identification Code) Social Security Number as the Member ID, must be a string of exactly 9 numbers with no separators. RID must be a string of 1.

TennCare Notes: Recipient's Medicaid ID

## **CLM** Claim information

Pos: 1300 Max: 1
Detail - Optional
Loop: 2300 Elements: 7

User Option (Usage): Situational

Purpose: To specify basic data about the claim

### **Element Summary:**

RefIdElement NameReqTypeMin/MaxUsageCLM02782Monetary AmountOR1/18Required

**Description:** Monetary amount

**TennCare Notes:** Total Billed Amount.

## **SBR** Other Subscriber Information

Pos: 2900 Max: 1
Detail - Optional
Loop: 2320 Elements: 5

User Option (Usage): Situational

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

### **Element Summary:**

<u>Ref</u>	<u>Id</u>	Element Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
SBR01	1138	Payer Responsibility Sequence Number Code	M	ID	1/1	Required

**Description:** Code identifying the insurance carrier's level of responsibility for a payment of a claim

**TennCare Notes:** On Xovrs, SBR09 = MA / MB, the amount fields refer to the crossover amounts.

Code	<u>Name</u>
A	Payer Responsibility Four
В	Payer Responsibility Five
C	Payer Responsibility Six
D	Payer Responsibility Seven
E	Payer Responsibility Eight
F	Payer Responsibility Nine
G	Payer Responsibility Ten
H	Payer Responsibility Eleven
P	Primary
S	Secondary
T	Tertiary
U	Unknown

SBR02 1069 Individual Relationship Code O ID 2/2 Required

**Description:** Code indicating the relationship

between two individuals or entities

**TennCare Notes:** 18 or a 19 for a sick child. Translator won't fail if not 18 or 19. But MMIS will set an edit.

<u>Code</u> Name 01 Spouse

18 Self 19 Child 20 Employee 21 Unknown 39 Organ Donor 40 Cadaver Donor 53 Life Partner G8 Other Relationship

SBR09 1032 Claim Filing Indicator Code

O ID 1/2 Situational

**Description:** Code identifying type of claim **TennCare Notes:** 'MA'/'MB' should be used.

<b>Code</b>	<u>Name</u>
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
17	Dental Maintenance Organization
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veterans Affairs Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined

## SV2 Institutional Service Line

Pos: 3750 Max: 1
Detail - Optional
Loop: 2400 Elements: 6

User Option (Usage): Required

Purpose: To specify the service line item detail for a health care institution

### **Element Summary:**

RefIdElement NameReqTypeMin/MaxUsageSV203782Monetary AmountOR1/18Required

**Description:** Monetary amount

**TennCare Notes:** Line Level Billed Amount.

# SVD Line Adjudication Information

Pos: 5400 Max: 1 Detail - Optional Loop: 2430 Elements: 6

User Option (Usage): Situational

**Purpose:** To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

#### **Element Summary:**

<u>Ref</u>	<u>Id</u>	Element Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
SVD02	782	Monetary Amount	M	R	1/18	Required
		<b>Description:</b> Monetary amount				
		TennCare Notes: Medicare Paid Amount.				
CVDOE	200	0 "	0	D	1/15	D ' 1
SVD05	380	Quantity	О	R	1/15	Required
		<b>Description:</b> Numeric value of quantity				
		TennCare Notes:				
		<i>-999,999.99</i> <= <i>values</i> >= <i>999,999.99</i>				

## **PAT** Patient Information

Pos: 0070 Max: 1
Detail - Optional
Loop: 2000C Elements: 1

**User Option (Usage):** Required **Purpose:** To supply patient information

#### **Element Summary:**

<u>Ref</u>	<u>Id</u>	Element Name	<u>Req</u>	<b>Type</b>	Min/Max	<u>Usage</u>
PAT01	1069	Individual Relationship Code	0	ID	2/2	Required

between two individuals or entities **TennCare Notes:** In TennCare, the only non-subscriber patient (dependant) allowed is a new born of less than 30 days old. The patient info is in 2010 CA. It can happen in Xover. In MMIS,

**Description:** Code indicating the relationship

there will be an edit to fail if the value is other than 19. Translator will not fail for any valid values. Patient information will be stored in t\_clm\_entity tables similar to subscriber information. EDI will map "BABY" in the Last Name and either "G" or "B" (girl/boy) in the first name.

**Code Name** 01 Spouse 19 Child 20 Employee 21 Unknown 39 Organ Donor 40 Cadaver Donor 53 Life Partner G8 Other Relationship

## **NM1** Patient Name

Pos: 0150 Max: 1
Detail - Optional
Loop: Elements: 6

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

#### **Element Summary:**

RefIdElement NameReqTypeMin/MaxUsageNM10198Entity Identifier CodeMID2/3Required

**Description:** Code identifying an organizational entity, a physical location,

property or an individual

**TennCare Notes:** Loop 2000CA is used when newborns are reported under mother's SSN,

which can be Xover.

Code Name QC Patient

# **DMG** Patient Demographic Information

Pos: 0320 Max: 1 Detail - Optional

Loop: 2010CA Elements: 3

User Option (Usage): Required

Purpose: To supply demographic information

#### **Element Summary:**

RefIdElement NameReqTypeMin/MaxUsageDMG021251Date Time PeriodXAN1/35Required

**Description:** Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** New born's DOB

## **GE** Functional Group Trailer

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 2

User Option (Usage): Required

**Purpose:** To indicate the end of a functional group and to provide control information

**Element Summary:** 

RefIdElement NameReqTypeMin/MaxUsageGE0228Group Control NumberMN01/9Required

Description: Assigned number originated and

maintained by the sender

TennCare Notes: Same as GS06

## **IEA** Interchange Control Trailer

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 2

User Option (Usage): Required

Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

#### **Element Summary:**

RefIdElement NameReqTypeMin/MaxUsageIEA02I12Interchange Control NumberMN09/9Required

Description: A control number assigned by the

interchange sender

**TennCare Notes:** Same as ISA13